

## Trouble Chewing/Eating

### ***Q.B12, HHANES, 1982-84***

Do you have trouble biting or chewing any kinds of food, such as firm meats or apples?

- 1 Yes
- 2 No
- 9 DK

### ***Q.OHQ.020, NHANES IV***

How often {do you/does SP} limit the kinds or amounts of food {you/s/he} eat{s} because of problems with {your/his/her} teeth or dentures? Would you say...

- 1 Always,
- 2 Very often,
- 3 Often,
- 4 Sometimes,
- 5 Seldom, or
- 6 Never?
- 7 Refused
- 9 DK

### ***Q.OHQ.080, NHANES IV***

{Do you/Does SP} sip liquids to aid in swallowing any foods?

- 1 Yes
- 2 No
- 7 Refused
- 9 DK

### ***Q.OHQ.090, NHANES IV***

Does the amount of saliva in {your/SP's} mouth seem to be too little, too much, or {do you/does s/he} not notice it?

- 1 Too little
- 2 Too much
- 3 Doesn't notice it
- 7 Refused
- 9 DK

### ***Q.OHQ.100, NHANES IV***

{Do you/Does SP} have difficulties swallowing any foods?

- 1 Yes
- 2 No
- 7 Refused
- 9 DK

***Q.OHQ.110, NHANES IV***

Does {your/SP's} mouth feel dry when {you/s/he} eat{s} a meal?

- 1 Yes
- 2 No
- 7 Refused
- 9 DK

***Q.G20a, b, c, d, NHIS, 1995***

a. Do (*names of persons under 5*) NOW have any physical, mental, or emotional problems which makes it difficult to chew, swallow, or digest?

- 1 Yes
- 2 No
- 9 DK

b. Who is this? (Anyone else?)\_\_\_\_\_

c. Has the problem or condition which causes \_\_ to have difficulty chewing, swallowing, or digesting been going on or is it expected to go on for at least 12 months?

- 1 Yes
- 2 No
- 9 DK

d. What is the main problem or condition which causes \_\_ to have difficulty chewing, swallowing, or digesting?

***Q.SAQ.33, NMES, 1987***

Do you avoid eating or have trouble eating meats, peanuts, or other chewy things because you are missing teeth or because your teeth or gums hurt when you chew such foods?

- 1 Yes
- 2 No

***Q.HA37, MEPS NHC, 1996***

Did {SP} experience any of the following oral problems on or around {ref date}:?

- Chewing Problem
- Swallowing Problem
- Mouth Pain
- None Checked
- DK

***Q.14a, NNHS-3, 1995***

Does... have trouble biting or chewing any kinds of food, such as firm meats or apples?

- 1 Yes
- 2 No
- 7 Refused
- 9 DK

***Q.HS8, C8, MCBS, 1996; Q.HS8, 1997; 1998; 1999; 2000; 2001***

(Do you/Does SP) ever have difficulty eating solid foods because of problems with (your/his/her) mouth or teeth?

- 1 Yes
- 2 No

***Q.HA37, MCBS, 1997; 1998; 1999; 2000; 2001***

Did {SP} experience any of the following oral problems on or around {ref date}?

- Chewing problem
- Swallowing problem
- Mouth pain
- None checked
- DK